

REQUEST FOR ISSUE OF ENTITLEMENT

Name of Insured Person

- 1**
- 2 Insurance number**
- 3 Date of entry into insurable employment**
- 4 Dispensary to which attached**
- 5 Whether treatment for self or dependent**
- 6 If dependent , age, relationship and marital status**
- 7 Diagnosis**
- 8 Date of reference by IMO for specialist treatment**
- 9 Nature of treatment required and institution to which referred**
- 10 Other information if any**

Please issue entitlement certificate for the

Period from to

.....

to enable his/her father/mother/ son / daughter/spouse

Sri/Smt

.....

to get super specialty / Specialty treatment from

.....

Hospital

Place :

Date :

To, ESIC Branch

Office.....

of IMO

Signature